



**DEPARTMENT OF HUMAN SERVICES**  
**SENIOR & DISABLED SERVICES DIVISION**  
**500 Summer Street NE**  
**Salem, Oregon 97310-1015**  
**Phone: (503) 945-5811**

**AUTHORIZED BY:** \_\_\_\_\_

**SDSD Administrator/Deputy/  
Assistant Administrator**

**INFORMATION MEMORANDUM**

**SDSD-IM-00-69**

**Date: July 12, 2000**

**TO:** SDSD District and Unit Managers  
AAA Directors

**SUBJECT:** Foundation Training sponsored by Department of Administrative Services (DAS), Including the Following Attachments:  
Cross-Reference SDSD-IM-00-

- Ž Training Schedule July - December, 2000
- Ž CORE and Encore Registration Form

**INFORMATION:** DAS Training and Organization Development programs enhance individual and team effectiveness across Oregon state government by providing quality consulting and training services in areas of common need.

Three primary training categories are offered: Foundation, Electives and Consulting. This IM refers to Foundation Training for leadership development in Oregon State Government.

**Core:** Supervisory Training

Project No 530000

*Target participant: Entry supervisor*

Training for employees new to (or aspiring) supervision. Core is conducted in two two-day blocks and focuses on supervisory and management information needed to succeed in state organizations. Cost: \$350 per participant.

**Encore:** Leadership Development

Project No 530010

*Target participant: Middle-senior management*

Leadership training for middle and senior level managers who have completed Core, or who have entered state service with significant prior management experience. This two-and-one-half day class focuses on creating and maintaining a high performance organization, working effectively as a team leader and encouraging innovation. Cost: \$300 per participant.

**New Executive and Board/Commission Member Orientation**

*Target participant: New Board and Commission Members*

A one-half day orientation to State government covering mission, organization and key responsibilities and expectations, and legal and ethical issues. No charge.

**REGISTRATION FOR FOUNDATION TRAINING:**

The registration form for DAS Training is attached. The registration form for SDSO employees **must not** be sent directly to the Department of Administrative Services.

MSO and DSO units, Type B Contract Agencies and SDSO Central Office applications should be sent to: Lucille Pugh, Employee Development and Training, SDSO.

- Ž Employee must complete page one and indicate CORE or Encore#, phase # and dates of training on page two.
- Ž Employee and his/her manager must sign the application form in the designated space.

**PAYMENT:** SDSO Central Office will pay the registration fee for agency employees. This fee covers: class instruction, materials, conference facilities, coffee breaks, the leadership assessment feedback and follow-up consultation as needed or desired. This section of the registration form will be completed by the SDSO Employee Development and Training Unit.

Cost of travel and per diem is the responsibility of the employees assigned unit.

**POLICY ON CANCELLATIONS:** Participants who register for classes are expected to attend. CORE and Encore cancellations made prior to one calendar week before the start of the first session will create no penalty. If cancellations are made within one week and no substitute is found, a \$50.00 fee will be assigned. Agencies will be assigned the full fee for participants who register but do not show up for the class and send no substitute. **THIS LATTER SITUATION SHOULD NEVER HAPPEN UNLESS A TRUE EMERGENCY EXISTS.**

All cancellations or schedule adjustments must be handled in advance of scheduled training dates with Jan Miller, CORE Coordinator, Department of Administrative Services, 155 Cottage Street NE, Salem, OR, 97310, (503) 378-6334, FAX (503) 373-7684. SDSO central office must also be informed in advance of any schedule adjustment or cancellation, to Lucille Pugh at phone or fax # listed below.

**CONTACT PERSON:** Lucille Pugh  
(503) 945-5834  
Fax: (503) 373-7902

Technical/general information - Jan Miller (DAS) - (503) 378-6334

cc: Lucille Pugh  
Jan Miller

**FOUNDATION TRAINING SCHEDULE**  
**Supervisory Training**                      **July - December 2000**  
**Project #530000**

<b>Phase #</b>	<b>Schedule</b>	<b>Location</b>
<b>99-17</b>	<b>July 11-12 July 25-26</b>	<b>Salem</b>
<b>99-18</b>	<b>July 18-19 August 1-2</b>	<b>Medford</b>
<b>99-19</b>	<b>August 8-9 August 22-23</b>	<b>Salem</b>
<b>99-20</b>	<b>September 12-13 September 26-27</b>	<b>Salem</b>
<b>99-21</b>	<b>October 3-4 October 17-18</b>	<b>Portland</b>
<b>99-22</b>	<b>October 10-11 October 24-25</b>	<b>Salem</b>
<b>99-23</b>	<b>October 31 - November 1 November 14-15</b>	<b>Bend</b>
<b>99-24</b>	<b>November 28-29 December 12-13</b>	<b>Salem</b>

**ENCORE Schedule**  
**Leadership Development**                      **July - December 2000**  
**Project #530010**

<b>Phase #</b>	<b>Schedule</b>	<b>Location</b>
<b>07</b>	<b>September 6-8</b>	<b>Salem</b>
<b>08</b>	<b>December 6-8</b>	<b>Salem</b>

**New Executive and Board/Commission Member Orientation**  
**Project #530110**

<b>Phase#</b>	<b>Schedule</b>	<b>Location</b>
<b>03</b>	<b>September 19</b>	<b>Salem</b>

Department of Administrative Services  
**Training and Organization Development**  
Registration Form

**Participant** \_\_\_\_\_ **Position** \_\_\_\_\_

**Agency** \_\_\_\_\_ **Agency Number** \_\_\_\_\_

**Participant office address** \_\_\_\_\_  
(course materials will be sent here)

**Participant office telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Do you need accommodation to fully participate in the class? Please specify** \_\_\_\_\_

**Agency Billing Contact** \_\_\_\_\_

**Agency Billing Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

Your current position

<input type="checkbox"/> Executive Service (supervising)	<input type="checkbox"/> Lead Worker
<input type="checkbox"/> Executive Service (non-supervising)	<input type="checkbox"/> Training or Human Resource Officer
<input type="checkbox"/> Management Service (supervising)	<input type="checkbox"/> Other — please specify: _____
<input type="checkbox"/> Management Service (non-supervising)	

How many years of supervisory experience have you had? \_\_\_\_\_

Have you had previous supervisory or management training? Yes ☐ No ☐ If so, where? \_\_\_\_\_

Sex: ☐ Female    Ethnicity: ☐ White    ☐ African-American    ☐ Native American  
☐ Male    ☐ Asian    ☐ Pacific Islander    ☐ Hispanic    ☐ Other  
☐ Person with a disability

(This is voluntary information and is used for Affirmative Action reporting.)

Identify three learning or developmental areas—either content areas (“I’d like to know more about legal responsibilities of supervision”), or behavior/skill areas (“I’d like to get better at interviewing”), in which you hope to improve as a result of participating in Core, Encore, or the elective(s) you have selected.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*DAS Training and Organization Development enhances individual and team effectiveness across Oregon state government by providing quality consulting and training services in areas of common need.*

**Please complete registration form on reverse side.**

## REGISTRATION FORM - Training Fees (per participant):

Project #	Date	Phase #	(Please refer to calendar/schedule for date and phase and fill in completely! For example, Project # 530090; Date 9/14/00; Phase # (06).)	
530000	_____	_____	Core (This is a <b>four-day</b> session.)	\$350.00
530010	_____	_____	Encore (This is a <b>two-and-one-half day</b> session.)	\$300.00
530110	_____	_____	New Executive/Board Commission Member Orientation	NC
530030	_____	_____	Organizing and Conducting Legislative Presentations	\$175.00
530040	_____	_____	Selection Interviewing	\$120.00
530070	_____	_____	Creating Performance Accountability	\$120.00
530090	_____	_____	Coaching	\$120.00

Total \_\_\_\_\_

**Cancellations:** Class registrants are expected to attend. A registration may be cancelled with no penalty prior to one calendar week before the start of the class. **Agencies will be assessed the full fee for participants who cancel within one week prior to the class or who register and do not show up. An alternate may attend in these circumstances.**

### PLEASE INDICATE METHOD OF PAYMENT . . .

Payment information must be complete for registration to be accepted

1. ☐ Payment attached      Check/Warrant# \_\_\_\_\_ Project # \_\_\_\_\_ Phase # \_\_\_\_\_
  - or
  2. ☐ SFMS transfer      Balance Transfer# \_\_\_\_\_
- Transfer information : 107 (ONE PAYMENT PER ATTENDEE, PLEASE) (REFERENCE NAME)  
 Tcode : 722/723  
 PCA : 65810  
 Agency Object : 1010  
 Project # : \_\_\_\_\_ (please refer to calendar and fill in completely)  
 Phase # : \_\_\_\_\_ (please refer to calendar and fill in completely)  
 Class Title : \_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Agency billing contact (must be completed to register)

\_\_\_\_\_  
Billing contact phone

•••••  
 • Please return this completed form and payment to Department of Administrative  
 • Services, Training and Organization Development, 155 Cottage St. NE, Salem,  
 • OR 97310. Attention: Jan Miller (378-6334), or fax to 378-5731.  
 •  
 • **Registration is not complete until payment is received.**  
 •  
 • Confirmation and class materials will be mailed to participants approximately  
 • three weeks prior to class.  
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